

Steve Sisolak
Governor
Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Child and Family Services
Helping people. It's who we are and what we do.



Ross Armstrong
Administrator

FPO 0506E Example

Date:

NAME [Foster Parent, Relative Placement, Person Planning to Adopt]
ADDRESS
ADDRESS

Re: Case No.: XXXXXX

Dear NAME:

The CHILD WELFARE AGENCY would like to notify you of the following upcoming hearing(s) in the above-mentioned case:

Semi-Annual Review: (Date), at (time)
Permanency Hearing: (Date), at (time)

The hearings will be held at: COURT HOUSE NAME, ADDRESS.

Pursuant to NRS 432B.430, the information provided in this hearing is confidential. You have the right to notice and to be heard at this hearing, your right to notice includes your right to be informed of the date, time and location of the hearing. This right to notice and opportunity to be heard at the hearing does not include the right to standing as a party to the case. 42 U.S.C. 675(5)(G); 45 C.F.R. 1356.21(o); NRS 432B.580; NRS 432B.590. Also, please take notice that if the child who is the subject of this hearing is placed for adoption, the right to sibling visitation of the child is subject to the provisions of NRS 127.171. This provision does not otherwise limit sibling visitation.

You have the right to come to Court and speak on behalf of yourself, your family or the child(ren) you are caring for. This right includes speaking about topics such as, how the child(ren) are doing, how you are doing, any school or medical information. If you are unable to come to court, you are welcome to submit in writing to the assigned caseworker what you would like the Court to know and the caseworker will ensure the Court receives this information.

Please contact me directly if you have any questions or concerns related to child well-being.

Sincerely,

NAME
CASEWORKER TITLE

XXX/iac
Attach

Caregiver's Update on Child

Child's Name:

Caregiver Name:

Hearing Date:

Child's Assigned Social Worker:

Return Caregiver Update (via email, mail or in person) to the child's assigned case worker by: **(Date)**

Worker email, Address, State, City, Zip

1. Child's social interaction with caregiver family, peers and siblings:
2. Child's school progress and adjustment:
3. Child's physical health (state results of medical and dental appointments):
4. Child's emotional health and well-being (counselor or therapist appointment/schedule):
5. Child's adjustment to caregiver family and caregiver family expectations:
6. Child's visits with parent(s) and sibling(s):
7. Child's strengths, hobbies, gifts, talents, participation in extra-curricular activities/events:
8. Your view on the needs of the child:
9. Your thoughts on how these needs can be addressed:
10. Your thoughts on child's case plan goals:
11. Other child/case specific information you wish the Court to consider:

Caregiver's Signature

Caregiver's Printed Name

Date